



State of Washington  
Application for a Water Right

Please follow the attached instructions to avoid unnecessary delays.

\$10 application fee

Irrigation Water

See copy of  
water right

check #1044

10 90

For Ecology Use

Fee Paid \_\_\_\_\_

Date \_\_\_\_\_

Section 1. APPLICANT - PERSON, ORGANIZATION, OR WATER SYSTEM

Name John Vackovich Home Tel: (360) 533 - 4244  
Mailing Address 112 E. Cushing Street Work Tel: (360) 533 - 4244  
City Aberdeen State WA Zip+4 98520 + \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION

☒ Same as above

Name \_\_\_\_\_ Home Tel: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Work Tel: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip+4 \_\_\_\_\_ + \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Relationship to applicant \_\_\_\_\_

Section 3. STATEMENT OF INTENT

The applicant requests a permit to use not more than .50 (☒ gallons per minute or  
☒ cubic feet per second) from a ☒ surface water source or ☐ ground water source (check only one) for the purpose(s)  
of Pasture Irrigation. ATTACH A "LEGAL"  
DESCRIPTION OF THE PLACE OF USE. (See instructions.) NOTE: A tax parcel number or a plat number is not  
sufficient.

Estimate a maximum annual quantity to be used in acre-foot per year: 2 AF/y (50 acres)

☐ Check if the water use is proposed for a short-term project. Indicate the period of time that the water will be needed:

Seasonal Use  
From 5/1/98 to 9/30/98

Section 4. WATER SOURCE

If SURFACE WATER	If GROUNDWATER
Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.: <u>Fall River</u>	A permit is desired for _____ well(s).
Number of diversions: <u>Portable Pump</u>	
Source flows into (name of body of water): <u>North River, Then Ocean.</u>	Size & depth of well(s):

LOCATION 600' S + 650' E of the North Quarter Corner Sec 26

Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner:

1600 Feet  
West of Section Corner 26

1/4 of	1/4 of	Section	Township	Range (E/W)	County	If location of source is platted, complete below:		
						Lot	Block	Subdivision
<u>North half</u>	<u>NE QTR</u>	<u>26</u>	<u>15</u>	<u>Range 7-W</u>	<u>Pacific</u>			

For Ecology Use	Date Received: <u>6/26/98</u>	Priority Date: <u>6/26/98</u>
SEPA: Exempt/Not Exempt	FERC License #	Dept. Of Health #
Date Accepted As Complete <u>7/10/98</u>	By <u>SC</u>	Date Returned _____ By _____ WRIA: <u>24</u>



## Section 5. GENERAL WATER SYSTEM INFORMATION

- A. Name of system, if named: \_\_\_\_\_
- B. Briefly describe your proposed water system. (See instructions.)  
*Portable Pump & hand move Aluminum pipe and sprinklers.*
- C. Do you already have any water rights or claims associated with this property or system? ☒ YES ☐ NO  
PROVIDE DOCUMENTATION.  
*See copy*

## Section 6. DOMESTIC/PUBLIC WATER SUPPLY SYSTEM INFORMATION (Completed for all domestic/public supply uses.)

- A. Number of "connections" requested: \_\_\_\_\_ Type of connection \_\_\_\_\_  
(Homes, Apartment, Recreational, etc.)
- B. Are you within the area of an approved water system? ☐ YES ☐ NO  
If yes, explain why you are unable to connect to the system. *Note: Regional water systems are identified by your County Health Department.*

**Complete C. and D. only if the proposed water system will have fifteen or more connections.**

- C. Do you have a current water system plan approved by the Washington State Department of Health? ☐ YES ☐ NO  
If yes, when was it approved? \_\_\_\_\_ Please attach the current approved version of your plan.
- D. Do you have an approved conservation plan? ☐ YES ☐ NO  
If yes, when was it approved? \_\_\_\_\_ Please attach the current approved version of your plan.

## Section 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION (Completed for all irrigation and agriculture uses.)

- A. Total number of acres to be irrigated: 50
- B. List total number of acres for other specified agricultural uses:  
Use pasture Acres 50  
Use \_\_\_\_\_ Acres \_\_\_\_\_  
Use \_\_\_\_\_ Acres \_\_\_\_\_
- C. Total number of acres to be covered by this application: 50
- D. Family Farm Act (Initiative Measure Number 59, November 3, 1977)  
Add up the acreage in which you have a controlling interest, including only:  
‡ Acreage irrigated under water rights acquired after December 8, 1977;  
‡ Acreage proposed to be irrigated under this application;  
‡ Acreage proposed to be irrigated under other pending application(s).
- Is the combined acreage greater than 2000 acres? ☐ YES ☒ NO
  - Do you have a controlling interest in a Family Farm Development Permit? ☐ YES ☒ NO  
If yes, enter permit no.: \_\_\_\_\_
- E. Farm uses:  
Stockwater - Total # of animals \_\_\_\_\_ Animal Type \_\_\_\_\_ (If dairy cattle, see below)  
Dairy - # Milking \_\_\_\_\_ # Non-milking \_\_\_\_\_

*this water is supplied from well*

## Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water?

☐ YES ☒ NO

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.

## Section 9. DRIVING DIRECTIONS

Provide detailed driving instructions to the project site. Turn Left off Hwy 101, 10 miles South of Cosmopolis on to North River Road. Go 17 miles East to Brooklyn, Turn Right on Fall River Road, ~~Go 3/4 mile~~ Go  $\frac{3}{4}$  mile to 143 Fall River Road. Turn Left into driveway in front of New Mobile. Follow driveway to Fall River, approx 700 Feet.

## Section 10. REQUIRED MAP

A. Attach a map of the project. (See instructions.)

See Drawing for Wells & Irrigation attached.

## Section 11. PROPERTY OWNERSHIP

A. Does the applicant own the land on which the water will be used?

☒ YES ☐ NO

If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) of the owner(s):

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B. Does the applicant own the land on which the water source is located?

☒ YES ☐ NO

If no, submit a copy of agreement:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though I may have been assisted in the preparation of the above application by the employees of the Department of Ecology, all responsibility for the accuracy of the information rests with me.

John Vecovich  
Applicant (or authorized representative)

6/22/98  
Date

Same  
Landowner for place of use (if same as applicant, write "same")

6/22/98  
Date



Use this page to continue your answers to any questions on the application. Please indicate section number before answer.

#3 - North half of NE, QTR - Sect 26, T-15 Range 7  
Pacific County west.

We are returning your application for the following reason(s):	
Examination fee was not enclosed	APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128
Section number(s) is/are incomplete	APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Explanation:	
Please provide the additional information requested above and return your application by (date).	

Ecology staff Date

Ecology is an Equal Opportunity and Affirmative Action employer.

To receive this document in alternative format, contact the Water Resources Program at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).